

EXHIBIT J

OFFICE OF THE MEDICAL EXAMINER



REPORT OF AUTOPSY

Case No.: 12-0723-Ryan, Bartholomew

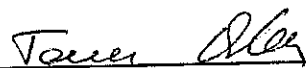
I, Tamara Bloom, M.D., Chief Medical Examiner, hereby certify that I performed an autopsy on the body of Bartholomew Ryan on February 25, 2012, at the Nassau County Medical Examiner's Office, and said autopsy revealed as follows:

CAUSE OF DEATH:

Hanging

MANNER OF DEATH:

Suicide



Tamara Bloom, M.D.
Chief Medical Examiner
Date Signed: 05/19/12

**NASSAU COUNTY
OFFICE OF THE MEDICAL EXAMINER**

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AUTOPSY SUMMARY

INJURIES:	Hanging (small linear ecchymotic hemorrhage of skin of anterior mid neck, small intramuscular hemorrhage of left thyroid muscle).
CARDIOVASCULAR SYSTEM:	Cardiomegaly with biventricular hypertrophy. Moderate coronary arteriosclerosis.
RESPIRATORY SYSTEM:	Pulmonary congestion.
HEMATOPOIETIC SYSTEM:	Slight splenomegaly.
LIVER AND BILIARY TRACT:	Hepatomegaly and fatty changes of liver.
PANCREAS:	Unremarkable.
ENDOCRINE SYSTEM:	Unremarkable.
GENITOURINARY SYSTEM:	Unremarkable.
GASTROINTESTINAL TRACT:	Unremarkable.
MUSCULOSKELETAL SYSTEM:	Generally unremarkable.
NECK ORGANS:	See 'Injuries' above.
SCALP AND CRANIAL CONTENTS:	Unremarkable.

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EXTERNAL EXAMINATION:

The body is that of a normally developed and nourished white male appearing consistent with the stated age of 32 years, measuring 6 feet, 3 inches and weighing 248 pounds. The body is cold with slight rigor mortis, posterior purple, minimally blanching on pressure lividity.

Head is symmetrical, scalp hair is dark brown with some grey, $\frac{1}{4}$ of an inch to 1- $\frac{1}{2}$ of an inch in length. Face with 3 mm. growth of shaven hair. Eyes are light brown-grey with clear cornea, white sclerae and congested conjunctivae without hemorrhages. Left upper eyelid with slight bluish swelling and horizontal $\frac{1}{2}$ of an inch laceration of superficial skin exuding small amount of liquid blood. Ears and nose are not remarkable. Teeth are natural. Lips are dry with minute brownish abrasions of upper lip and some on lower lip.

Neck is symmetrical. Injury will be described below. Chest is symmetrical. Abdomen is protuberant, slightly obese. External genitalia and posterior aspect of torso are not remarkable. Upper and lower extremities are symmetrical. There is some residual black ink on palmar aspects of thumbs. Fingernails are short, intact.

SCARS AND TATTOOS:

There is $\frac{1}{2}$ of an inch rounded irregular scarring of right lateral lower neck above clavicle. Irregular scarring about 3 inches is present on lateral upper right forearm. A $\frac{1}{4}$ of an inch scar is present on back of right wrist. Two inches diagonal wide scar on right anterior lateral upper leg with adjacent 1 inch irregular scar. There are multiple multi-colored tattoos and these include tattoo of a bird resembling peacock on anterior chest and abdomen, dragon on left chest and abdomen, skull, some letters and numbers on left arm, numerous letters, names, some read as 'USMC' on right shoulder, picture of soldier with gun, two hearts, names on right arm, sword on right anterior forearm, name below right lateral knee and some symbols on right lateral lower leg.

THERAPEUTIC PROCEDURES:

Therapeutic needle puncture marks are present of left antecubital fossa and intravenous line was placed through right femoral vein. Endotracheal tube was inserted and located in the middle of mouth. Neck collar was placed, with neck showing pressure marks in diagonal manner, corresponding to location of neck collar.

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NECK INJURY:

On anterior mid neck below thyroid eminence there is horizontal-diagonal, barely visible minimal reddish linear $\frac{1}{2}$ of an inch ecchymotic hemorrhage of skin. There are no other skin changes of anterior, lateral or posterior neck.

Internal examination revealed absence of subcutaneous fat or fascial hemorrhages and no hemorrhages within superficial muscles of neck except for $\frac{1}{4}$ of an inch focus of red hemorrhage of the mid portion of left thyroid muscle. There are no hemorrhages within muscles directly overlying larynx. Hyoid bone, thyroid, cricoid cartilages are intact. Laryngeal mucosa is not remarkable. Cervical vertebral column is intact.

Submitted separately by police department, within two brown paper bags, there are three items of cut-off bed sheet and these include a white bed sheet, which is rolled and tied with three tied knots in a loop, roughly 6 inches in diameter, another triangular fragment of white sheet is 17 inches, with wrinkling of fabric and minute smudge of red fluid at the edge and written with black ink, small black arrow at another edge. Third fragment is 6 x 9 inches elongated piece of sheet with minute smudge of red fluid in the fold and another black ink arrow at the margin. These were photographed and submitted into evidence.

SCALP AND CRANIAL CONTENTS:

Scalp is not remarkable. There is no subscalpular hemorrhage. There are no fractures of skull. Dura mater is intact. No evidence of epidural, subdural or subarachnoidal blood. Brain weighs 1520 grams, shows usual cortical configuration without evidence of old or recent contusions, intracerebral hemorrhages or lesions, ventricular system is symmetrical contains clear cerebrospinal fluid. Cerebellum, brainstem, cervical spinal cord and vessels at the base of the brain are not remarkable.

INTERNAL EXAMINATION:

BODY CAVITIES:

Y-shaped thoraco-abdominal incision revealed internal organs in their normal anatomical position, usual amount of clear serous fluid in each, pleural, pericardial and peritoneal cavity, smooth glistening serosal surfaces.

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CARDIOVASCULAR SYSTEM:

Slightly enlarged heart weighs 500 grams, shows smooth epicardium, endocardium, thin delicate valves of usual size, shape and configuration, free of vegetations or adherent blood clots. Two coronary ostia are located normally and are patent. Coronary arteries are normally distributed and show moderate arteriosclerotic changes with narrowing of lumen of right coronary artery up to 60 percent and left anterior descending by 40 percent. Thickness of left ventricular wall is 1.55 cm. and of right 0.55 cm. Myocardium is homogenous, firm, brown. There is no grossly identifiable fibrosis. Aorta with slight atherosclerosis. Vena cava are not remarkable.

RESPIRATORY SYSTEM:

The left lung weighs 670 grams and right lung weighs 680 grams. Both lungs show smooth pleural surfaces, congestion and slight edema without consolidations. The tracheo-bronchial tree and pulmonary artery are not remarkable.

HEMATOPOIETIC SYSTEM:

Slightly enlarged spleen weighs 380 grams, shows smooth intact capsule, dark red, normal in consistency and architecture. Lymph nodes are not enlarged. The bone marrow is not remarkable.

LIVER AND BILIARY TRACT:

Enlarged liver weighs 3080 grams, shows smooth intact capsule, brown-yellowish, firm.

The gallbladder with 20 cc. of green bile. The bile ducts are patent.

PANCREAS:

The pancreas is normal in size and shape with usual lobulations and with patent duct.

ENDOCRINE SYSTEM:

Both adrenal glands, thyroid and pituitary gland are not remarkable.

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GENITOURINARY SYSTEM:

Each kidney weighs 220 grams, shows smooth cortical surface, unremarkable medulla and ureters. The urinary bladder with 15 cc. of urine. Prostate and testes are not remarkable.

GASTROINTESTINAL TRACT:

The esophagus is not remarkable. Stomach with 150 cc. of thick dark red fluid and shows focally hemorrhagic discoloration of mucosa. The small and large bowel are not remarkable. The appendix is present. The rectum is not remarkable.

MUSCULOSKELETAL SYSTEM:

There are superficial fractures of left anterior ribs from No. 3 to 6, associated with minimal amount of adjacent soft tissue hemorrhage, consistent with history of attempted CPR.

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MICROSCOPIC EXAMINATION

BRAIN:	Unremarkable.
LUNGS:	Congestion. Few small foci of chronic interstitial inflammation.
HEART:	Some myocyte hypertrophy. Focal perivascular interstitial fibrosis and fatty infiltrations.
CORONARY ARTERIES:	Moderate arteriosclerosis.
KIDNEY:	Unremarkable.
LIVER:	Moderate micro- and macrovesicular fatty changes. Slight portal fibrosis with chronic inflammation.
PANCREAS:	Focus of fibrosis with slight chronic inflammation.
ADRENAL GLAND:	Cortical nodular hyperplasia.

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Tamara Bloom, M.D.
Chief Medical Examiner

Date Signed: 05/19/12

MEDICAL EXAMINER'S OFFICE



TOXICOLOGY REPORT

M.E. CASE No. 12-0723	DECEASED Bartholomew Ryan	W M 32	LAB No. 134/12 Ryan, Bartholomew	DATE OF REPORT 5/1/2012
SUBMITTED BY Tamara Bloom, M.D.	AT Nassau County Medical Examiner	AT (Date) 2/25/2012	AT (Time) 11:00	
RECEIVED FROM Tamara Bloom, M.D.	BY Amie Dooley	AT (Date) 2/27/2012	AT (Time) 08:30	

FINDINGS

Specimens Submitted:

Blood, Femoral Blood, Femoral Serum, Antemortem Blood, Brain, Liver,
Kidney, Gastric Contents, Bile, Urine, Vitreous

Poisonous Gases**Blood**

Carbon Monoxide Not Detected

Volatile Compounds**Femoral Blood**

Not Detected

Antemortem Blood #1

Ethyl Alcohol 0.07 g%

Acids & Neutral Compounds**Blood**

Not Detected

Basic Compounds**Blood**

Fluoxetine Present
Norfluoxetine Present
Propoxyphene Present

Femoral Blood

Alprazolam Not Detected

Antemortem Blood #1

Phencyclidine Not Detected
Benzoyllecgonine Not Detected

Liver

Alprazolam Present
Fluoxetine Present
Propoxyphene Present

Urine

Alprazolam <0.05 mg/L
Phencyclidine Not Detected
Benzoyllecgonine Not Detected

Amphoterics**Urine**

Opiates Not Detected

LABORATORY

MEDICAL EXAMINER'S OFFICE
NASSAU COUNTY, NEW YORK
TOXICOLOGY REPORT

LAB No.
134/12
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Other

Urine

Cannabinoids Quantity Not Sufficient

Chemistries

Vitreous


Sodium 149 meq/L
Potassium 12.4 meq/L
Glucose 50 mg/dL
Urea Nitrogen 9.2 mg/dL
Creatinine 0.43 mg/dL
Chloride 132 meq/L

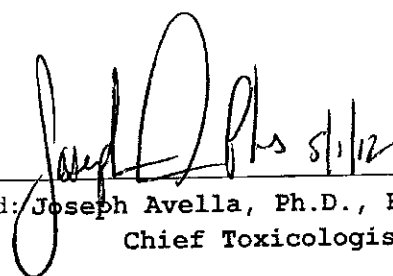
Comments

Antemortem Bloods:

- #1--Lavender Top drawn on 2/24/12 @ 1550
- #2--Blood drawn on 2/24/12 @ 1550
- #3--Serum drawn on 2/24/12 @ 1550
- #4--Serum drawn on 2/24/12 @ 1550

Reviewed:


Tamara Bloom, M.D.
Chief Medical Examiner


Certified: Joseph Avella, Ph.D., FTS-ABFT
Chief Toxicologist

(End of Report)